

Receipt #

Town of North Haven Plumbing Permit Application

DATE:

Telephone (203)239-5321 Ext. 405

PROPERTY INFORMATION ☐ Residential ■ Non Residential **ADDRESS:** Bus. Name: Floor: # Stories Building Height: S.F. of Unit Total Building S.F. Fire sprinklers YES □ NO Property in a Flood Zone **Property contains Easements** Public Sewer **Public Water supply □YES** ☐ YES ☐ NO ☐ YES ☐ YES **Contains Wetlands** Is work in a Confined Space CBYD Number (if required) _______ YES NO ☐ YES □ NO Start Date: APPLICANT INFORMATION **Applicant is:** Owner | □ Contractor ☐ Other *see below Name: Telephone: Address: FAX: E-mail: License # & Type: Exp. Date: * Agent Name: Telephone: E-mail: **PROJECT INFORMATION** New Construction Addition Renovation ☐ Tenant Fit Out Other **Detailed Description of Work:** Permit fees: Value of Work: \$ Bldg Fee \$ (include labor and materials) Other Fee \$ Fire fee \$

Total \$

-	KEQUIRED DOCU				
	Prior to any review process the foll				
	Plot plan/Zoning approval - To scale/Site plan (detailing the existing to	kproposed work to be o	ione)or detailed p	lan of work to	
	be performed (may require an A-2 survey, depending on scope of work)				
	Architectural plan detailing the Existing Building and Proposed wor			3	
_	Plans must show: Current &proposed use in <u>all</u> spaces including sq feet of	proposed work area and to	otal sq feet of Bldg		
	Stamped Drawings				
_	Workers' Compensation or Waiver Affidavit.				
	Current Occupancy:	Type of			
	Proposed Occupancy:	Construction:			
	Occupancy codes: A-1 to A-5, B, E, F1 or F-2, H-1 to H-5, I-1 to I-14,	Construction codes: IA o	r B, IIA or B, IIIA or i	B, IV, VA or B	
	M, R-1 to R-4, S-1 or S-2. Occupancy classifications are listed in Ch. 3	Types of construction or	Types of construction are described in Ch.6 of the		
	of the International Building Code. If you are uncertain of the correct	International Building Code. If you are unsure of the type			
	occupancy code, please contact your design professional.	of construction, please of			
	Additional information <u>MAY</u> be required depending on the unsure whether these are required, please revie				
_	#First Fir #Second Fir #Other:	#First Flr	#Second Flr	#Other:	
П	Bath Tub Wtr Heate	П			
_	Shower wtr fountain				
_	Sink/Lav Sewer Ejec				
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	Other				
	APPLICANT:				
l hei	reby certify the I am the Owner of the property which is the subject of this application, or	he authorized agent of the pr	operty owner and have	been	
auti	norized to make this application. I understand that when a permit is issued, it is a permit t	proceed and grants no right	to violate the State Bu	ilding	
Cod	e or any other code, regulation, ordinance or statute, regardless of what might be shown	or omitted on the submitted p	lans and specification	s. All	
	rmation contained within is true and accurate to the best of my knowledge and belief. All				
	norize the Town of North Haven to properly dispose of all residential construction plans tw		he Certificate of Occup	ancy	
or F	inal Inspection, unless written request is submitted to the Building Office prior to that tim	2,			
	APPLICANT SIGNATURE		DATE	-	
	Health Department Signature		DATE	_	
	Zoning Official Signature		DATE		
	Town Engineer Signature		DATE		
_					
				_,	
	Fire Marshal Signature		DATÉ		
	Tou College		- Cate	-:	
	Tax Collector		DATE		
	Building Official Signature		DATE	-	
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